

AMENDMENTSIn The Claims:

1. (Previously Presented) A method for an automated appeal process for a provider, comprising:

receiving provider identification from a remote provider station;
receiving appeal data from the remote station, wherein the appeal data comprises data descriptive of a plurality of insurance appeals;
storing the appeal data from the remote station;
sending the appeal data to an appeals unit;
receiving appeal status information for a plurality of appeals from the appeals unit; and
sending appeal status information to a provider at the remote station,
wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

2. (Previously Presented) A method for an automated appeal process for a user, comprising:

collecting user information and appeal data from a user;
electronically storing the collected data in a database;
sending the appeal data to an appeals agency;
receiving a status of an appeal from the appeals agency;
storing the status of the appeal; and
sending the status of the appeal to the user,
wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

3. (Previously Presented) A system for an automated appeal process for a user, comprising:

a server connected to a remote station for receiving appeal data from the remote station;
and

a database for storing the appeal data,

wherein the server is further configured or arranged to:

transmit an appeal form to the user at the remote station;

receive an appeal form containing appeal data from the user;

process the appeal form to generate an appeal having a predetermined format;

send the formatted appeal to an appeals unit; and

send a status report to the user at the remote station,

wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

4. (Previously Presented) A method of automating an appeals process, comprising:

electronically collecting user information from a user and storing the user information;

presenting the user with a claim denial form;

collecting claim denial information and storing the claim denial information;

presenting the user with a patient information form;

collecting patient information and storing the patient information;

presenting the user with a provider information form;

collecting provider information and storing the provider information;

collecting appeal status information on an adjudicated claim and storing the appeal status information;

presenting the user with a check appeal status form; and

collecting check appeal status information and presenting the user with appeal status information based on the check appeal status information collected,

wherein the appeal status information relates to a request for reconsideration of a claim adjudicated by an insurer.

5. (Previously Presented) The method according to claim 4, further comprising:

presenting the user with a credit card information form; and

collecting credit card information and storing the credit card information.

6. (Previously Presented) The method according to claim 4, further comprising presenting an administrative interface including information on an appeal submitted.

7. (Previously Presented) A method for an automated appeal process, comprising:
receiving a login request from a user;
electronically presenting a welcome screen to the user;
receiving a first user selection from the user;
presenting a first user screen based on the first user selection;
receiving user identification information from the user;
presenting a second user screen based on the user identification information;
receiving a second user selection from the user; and
presenting a third user screen based on the second user selection, the third user screen for a new appeal,
wherein the appeal is a request for reconsideration of a claim adjudicated by an insurer.

8. (Previously Presented) A method for automating an appeal process, comprising:
receiving appeal data descriptive of a plurality of appeals from a remote station;
converting appeal data from one or more of the plurality of appeals to a predetermined appeal format; and
sending at least a portion of the converted appeal information to an appeals unit,
wherein the appeal information relates to a request for reconsideration of a claim adjudicated by an insurer.

9. (Previously Presented) The method of claim 8, wherein the conversion further comprises converting the information to conform with a format described by a public law.

10. (Previously Presented) The method of claim 8, wherein the conversion further comprises converting the information to conform with a format described by a public regulation.

11. (Previously Presented) A method for automating an appeal process, comprising:
receiving appeal data descriptive of a plurality of appeals from a remote station;
converting appeal data from one or more of the plurality of appeals to a predetermined appeal format;
applying one or more rules to select one or more of the plurality of appeals; and
sending data descriptive of one or more selected appeals to an appeals agency,
wherein the appeal information relates to a request for reconsideration of a claim adjudicated by an insurer.

12. (Previously Presented) A method for automating an appeal process, comprising:
receiving appeal data descriptive of a plurality of appeals from a remote station;
converting appeal data from one or more of the plurality of appeals to a predetermined appeal format;
applying one or more rules to select one or more of the plurality of appeals; and
sending data descriptive of one or more selected appeals to an appeals unit,
wherein the appeal is a request for reconsideration of a previously adjudicated claim.

13. (Previously Presented) A method for an automated appeal process, comprising:
collecting user information and appeal data from a data provider;
electronically storing the collected data in a database;
sending the appeal data to an appeals unit;
receiving a status of an appeal from the appeals unit;
storing the status of the appeal; and

sending the status of the appeal to the data provider,
wherein the appeal is a request for reconsideration of a previously adjudicated claim.

14. (Previously Presented) A method for an automated appeal process, comprising:
collecting user information and appeal data from a data provider;
electronically storing the collected data in a database;
sending the appeal data to an appeals unit;
receiving a status of an appeal from the appeals unit;
storing the status of the appeal; and
sending the status of the appeal to the data provider,
wherein the appeal information relates to a request for reconsideration of a claim
adjudicated by an insurer.

15. (New) A method for an automated appeal process, comprising:
receiving appeal data from a remote station;
storing the appeal data from the remote station in a database;
associating the appeal data with one or more bases for an appeal;
generating an appeal form based on at least one of the associated bases and according to a
predetermined format; and
sending the formatted appeal to an appeals unit,
wherein the appeal relates to a request for reconsideration of a determination of
entitlement to benefits or services.

16. (New) The method of claim 15, wherein the association of appeal data with one or
more bases for an appeal is based on results of a previously submitted claim or appeal.

17. (New) The method of claim 15, wherein the appeal data comprises data descriptive of

a plurality of insurance appeals.

18. (New) The method of claim 15, further comprising extracting available data elements from a standardized data form.

19. (New) The method of claim 18, wherein the standardized data form is an HCFA 1500, NSF version 2.0 or 3.0 UB92, or ANSI data form.

20. (New) The method of claim 18, wherein the standardized data form is a HIPAA 835 or HIPAA 837 data form.

21. (New) A method for an automated appeal process, comprising:
receiving appeal data from a remote station;
storing the appeal data from the remote station in a database;
processing the stored appeal data to identify a basis for an appeal;
generating an appeal form comprising the identified basis for the appeal and according to a predetermined format; and
sending the formatted appeal to an appeals unit,
wherein the appeal relates to a request for reconsideration of a determination of entitlement to benefits or services.